



APPLICATION FOR ENROLLMENT

State Form 46080 (R2 / 11-02)

Date of enrollment

Indiana Professional Licensing Agency

Indiana State Board of Barber Examiners

302 W. Washington Street, Room E034

Indianapolis, Indiana 46204

(317) 232-2980

www.in.gov/pla

I hereby make application to enroll in an approved barber school in the State of Indiana as a student.

IDENTIFYING INFORMATION

Full name (first, middle, last)		
Address (street, city, state, ZIP code)		
Date of birth (month, day, year)	Social Security number	Your Social Security number is requested by this agency in accordance with IC 4-1-8-1. It is mandatory that it be given. Social Security numbers are available to the Indiana Department of Revenue.
Age	Telephone number ()	

PRELIMINARY EDUCATION

Circle the number of years completed 1 2 3 4 5 6 7 8 9 10 11 12	Received GED ?	Date received ?
Name of high school		
Address of school		
Dates attended (month, year)		
Date of graduation		
Name of barber school		
Address of barber school		
Telephone number of barber school	Barber school license number	
Name of barber instructor	Barber instructor license number	

NOTARY CERTIFICATE

STATE OF _____ } COUNTY OF _____ } SS:		
I, _____, first being duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.		
Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires